

crispprd 1.0



## Abstract

**Grant Number:** 5R01NR005205-02

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**PI Title:**

**Project Title:** IMPROVING HEALTH OUTCOMES IN UNPARTNERED CARDIAC ELDERLY

**Abstract:** *As the greatest killer of all American men and women, heart disease causes disproportionately heavy burdens on unpartnered elders who have limited financial and social resources to contend with recovery demands and complications resulting either from myocardial infarction (MI) or coronary artery bypass graft surgery (CABG). Mobilization of community-based, elder peer advisors to provide low cost, low technology interventions is a novel approach to improving health outcomes for elders and was recently tested in NINR R15 NR4255. Building upon these findings the proposed trial tests a collaborative Advanced Practice Nurse (APN)/Peer Advisor to improve health outcomes for unpartnered elders recovering from MI or CABG. The aims are to 1) Test a collaborative APN/Peer Advisor intervention utilizing self-efficacy and social support that will improve general health status, lessen symptom incidence and severity, increase wellness behaviors, improve quality of life, reduce psychological distress, and improve adherence in cardiac elders; 2) Determine if a collaborative, community-based intervention for cardiac elders will encourage participation in phase II and III cardiac rehabilitation programs, and result in fewer cardiac related readmissions to the hospital; 3) Evaluate the collaborative APN/Peer Advisor intervention to determine if it differentially influences health outcomes in medically vs. surgically managed elders with CAD; 4) Determine if health outcomes and perceived social support for elder Peer Advisors improve following participation in an APN/Peer Advisor randomized trial. The study is randomized trial consisting of four groups (CABG with intervention vs. CABG control, and MI with intervention vs. MI control) who will be compared in a repeated measures design (n=232) at five data collection points from hospital discharge to one year*

*post cardiac event. Sample criteria include unpartnered, over 65 years of age, medically stable male or female participants of any ethnic group able to speak and read English. The collaborative APN/Peer Advisor 12 week intervention utilizes self-efficacy and social support theory to enhance recovery outcomes following MI or CABG. Peer Advisors are those elders who have had either MI or CABG, have completed phase III cardiac rehabilitation programs and are trained to share their experiences of recovery, to assist in monitoring progress, and to provide social support; the APN is a cardiovascular nurse. The control group will receive care normally given to patients in the participating hospitals during outpatient treatment in the community. Data will be analyzed using repeated measures ANOVA/MANOVA. The outcome measures are: general health status (MOS SF-36), symptom incidence and severity (pain, shortness of breath, fatigue, GI symptoms), wellness behaviors (activities of daily living and exercise [Jenkins Activity Checklists]), quality of life (Quality of Life-Domains), psychological distress [POMS-Short Form), adherence to the medical regimen (MOS Adherence), participation in cardiac rehabilitation, and readmission to the hospital. Social support and self-efficacy are mediating variable sand will be measured by the MOS Social Support Scale and the Jenkins Self-Efficacy Expectation scales for Walking and General Activity.*

***Thesaurus Terms:***

*coronary disorder, human old age (65+), human therapy evaluation, nursing intervention, outcomes research, single person  
clinical trial, coronary bypass, myocardial infarction, peer group, social support network  
clinical research, human subject, statistics /biometry*

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